

Backflow Prevention Survey Report

Environmental Monitoring & Protection Unit - 30 Dee Avenue, Toronto, Ontario M9N 1S9 - Fax: 416-394-5716 * - E-Mail - backflow@toronto.ca

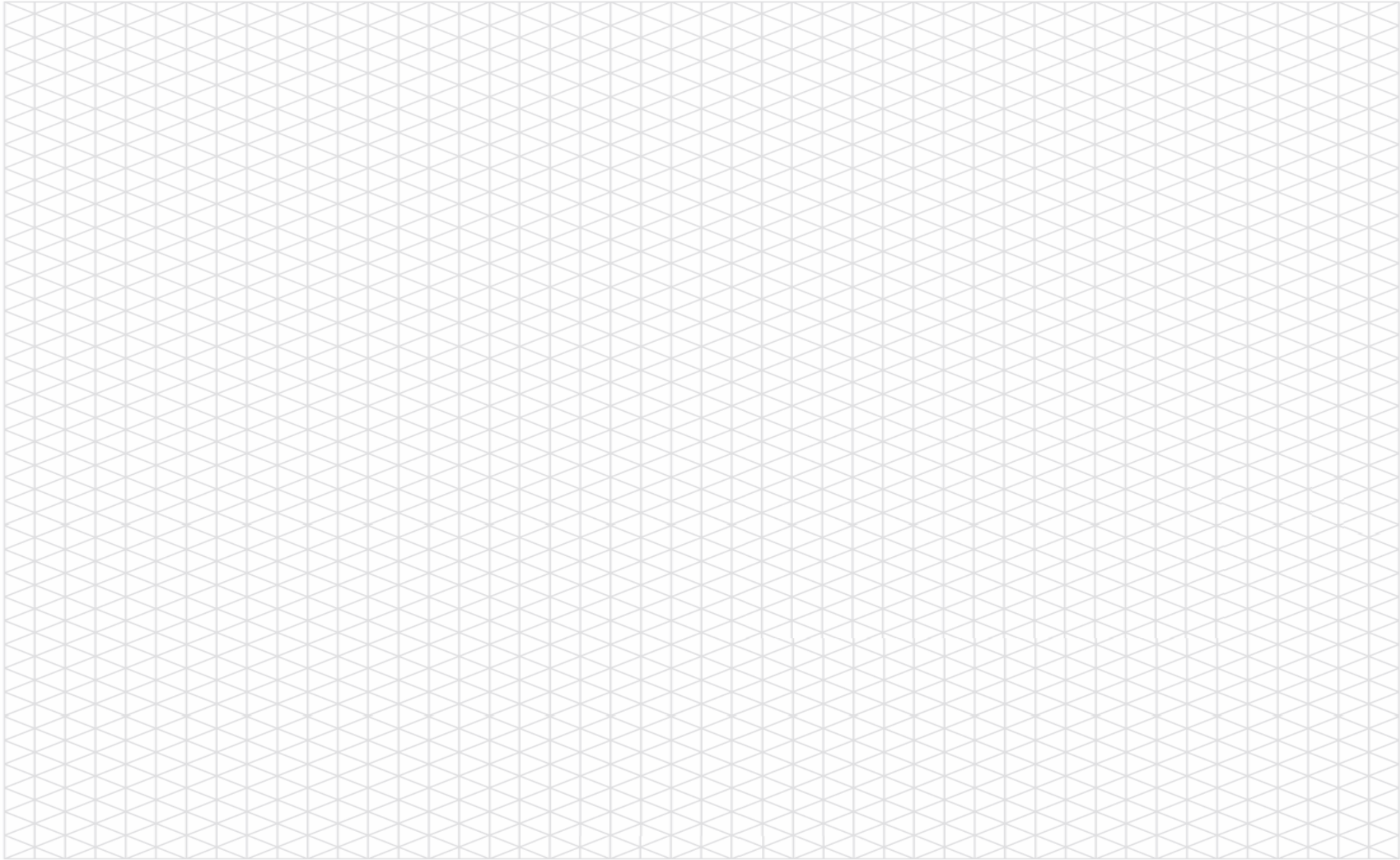
1. To be Submitted by the Property Owner of an Industrial, Commercial, Institutional, or Multi-Residential facility which has **MORE THAN ONE** water service connection, or as required by the General Manager.
2. This Backflow Prevention (BFP) survey form is for **PREMISE ISOLATION ONLY**.
3. All backflow prevention devices shall be located downstream of the water meter unless otherwise authorized by the General Manager.
4. All bypass or parallel arrangements must have the same level of protection as the main water service line which is being bypassed.
5. A City Of Toronto **building permit number** is required for any installations or modifications made to a facilities plumbing system.
6. This survey must be conducted by an **Authorized Person** under City of Toronto Water Supply By-law, Municipal Code Chapter § 851-8G (Schedule 6). An Authorized Person must prove their qualification by submitting copies of their required documentation to the City Of Toronto.

Facility Address:		Facility Postal Code:	Property Owner Name:	Owner E-mail:
Owner Phone Number:		Owner Fax Number:	Property Owner Address:	Owner Postal Code:
The Number Of City Of Toronto Water Service Connections At This Facility:		What Is The Top Floor Static Water Pressure?		
Facility Type: <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Institutional <input type="checkbox"/> Multi - Residential		Property Type (As per Schedule 5):	Please Provide A System Sketch (As Many As Needed) At The End Of This Survey. Include All Piping & Devices Such As: Multiple City Of Toronto Water Meter's, Branch Connection's, Hose Connection's, Split's, Or Multiple BFP Devices For Premise Isolation.	

Please complete for each Water Service Connection:

Service Connection 1 BFP1	Service Connection Use:	Location of Service Connection:	Size of Service Line (Diameter):	Water Meter Serial #:	Water Meter Account #:	The Water Meter Account # Can Be Found On Any Water Bill Payments.	
	Hazard Classification:	Is a BFP Device Installed? (If No, please provide a recommendation for the type of device required, along with the make and model.) <input type="radio"/> Yes <input type="radio"/> No		Is There A Branch Connection, Hose Connection, Or Split Between The Water Meter & The BFP Device? <input type="radio"/> Yes <input type="radio"/> No		Is the BFP Device Installed After The Water Meter? <input type="radio"/> Yes <input type="radio"/> No	
	(Fire System's Only) Is There Foam or Chemical Addition? <input type="radio"/> Yes <input type="radio"/> No	Type of BFP Device:	Manufacturer:	Model:	Serial #:	BFP Device Size:	Orientation of the BFP Device: <input type="radio"/> Horizontal <input type="radio"/> Vertical
	Is There a Detector Check Valve? <input type="radio"/> Yes <input type="radio"/> No	Does the location where the BFP Device is installed have adequate drainage? <input type="radio"/> Yes <input type="radio"/> No	If Applicable, Please provide a recommended date for the installation of the device (YYYY/MM/DD):			Is there a BFP device installed in parallel? If yes, please provide the details of the BFP below.	
	Is there a Bypass for the meter? <input type="radio"/> Yes <input type="radio"/> No	Is there a Water System Drain at the Meter? <input type="radio"/> Yes <input type="radio"/> No	Remarks:				<input type="radio"/> Yes <input type="radio"/> No
Service Connection 1 BFP2	Type of BFP Device:	Manufacturer:	Model:	Serial #:	BFP Device Size:	Remarks:	
Service Connection 2 BFP1	Service Connection Use:	Location of Service Connection:	Size of Service Line (Diameter):	Water Meter Serial #:	Water Meter Account #:	The Water Meter Account # Can Be Found On Any Water Bill Payments.	
	Hazard Classification:	Is a BFP Device Installed? (If No, please provide a recommendation for the type of device required, along with the make and model.) <input type="radio"/> Yes <input type="radio"/> No		Is There A Branch Connection, Hose Connection, Or Split Between The Water Meter & The BFP Device? <input type="radio"/> Yes <input type="radio"/> No		Is the BFP Device Installed After The Water Meter? <input type="radio"/> Yes <input type="radio"/> No	
	(Fire System's Only) Is There Foam or Chemical Addition? <input type="radio"/> Yes <input type="radio"/> No	Type of BFP Device:	Manufacturer:	Model:	Serial #:	BFP Device Size:	Orientation of the BFP Device: <input type="radio"/> Horizontal <input type="radio"/> Vertical
	Is There a Detector Check Valve? <input type="radio"/> Yes <input type="radio"/> No	Does the location where the BFP Device is installed have adequate drainage? <input type="radio"/> Yes <input type="radio"/> No	If Applicable, Please provide a recommended date for the installation of the device (YYYY/MM/DD):			Is there a BFP device installed in parallel? If yes, please provide the details of the BFP below.	
	Is there a Bypass for the meter? <input type="radio"/> Yes <input type="radio"/> No	Is there a Water System Drain at the Meter? <input type="radio"/> Yes <input type="radio"/> No	Remarks:				<input type="radio"/> Yes <input type="radio"/> No
Service Connection 2 BFP2	Type of BFP Device:	Manufacturer:	Model:	Serial #:	BFP Device Size:	Remarks:	

Service Connection 3 BFP1	Service Connection Use: <input type="text"/>		Location of Service Connection: <input type="text"/>		Size of Service Line (Diameter): <input type="text"/>		Water Meter Serial #: <input type="text"/> Water Meter Account #: <input type="text"/>		The Water Meter Account # Can Be Found On Any Water Bill Payments.				
	Hazard Classification: <input type="text"/>		Is a BFP Device Installed? (If No, please provide a recommendation for the type of device required, along with the make and model.) <input type="radio"/> Yes <input type="radio"/> No			Is There A Branch Connection, Hose Connection, Or Split Between The Water Meter & The BFP Device? <input type="radio"/> Yes <input type="radio"/> No			Is the BFP Device Installed After The Water Meter? <input type="radio"/> Yes <input type="radio"/> No		Physical Condition of the BFP Device: <input type="radio"/> Good <input type="radio"/> Leaking <input type="radio"/> Damaged		
	(Fire System's Only) Is There Foam or Chemical Addition? <input type="radio"/> Yes <input type="radio"/> No		Type of BFP Device: <input type="text"/>	Manufacturer: <input type="text"/>	Model: <input type="text"/>	Serial #: <input type="text"/>	BFP Device Size: <input type="text"/>	Orientation of the BFP Device: <input type="radio"/> Horizontal <input type="radio"/> Vertical					
	Is There a Detector Check Valve? <input type="radio"/> Yes <input type="radio"/> No		Does the location where the BFP Device is installed have adequate drainage? <input type="radio"/> Yes <input type="radio"/> No		If Applicable, Please provide a recommended date for the installation of the device (YYYY/MM/DD): <input type="text"/>				Is there a BFP device installed in parallel? If yes, please provide the details of the BFP below. <input type="radio"/> Yes <input type="radio"/> No				
	Is there a Bypass for the meter? <input type="radio"/> Yes <input type="radio"/> No		Is there a Water System Drain at the Meter? <input type="radio"/> Yes <input type="radio"/> No		Remarks: <input type="text"/>								
Service Connection 3 BFP2	Type of BFP Device: <input type="text"/>	Manufacturer: <input type="text"/>	Model: <input type="text"/>	Serial #: <input type="text"/>	BFP Device Size: <input type="text"/>	Remarks: <input type="text"/>							
Service Connection 4 BFP1	Service Connection Use: <input type="text"/>		Location of Service Connection: <input type="text"/>		Size of Service Line (Diameter): <input type="text"/>		Water Meter Serial #: <input type="text"/> Water Meter Account #: <input type="text"/>		The Water Meter Account # Can Be Found On Any Water Bill Payments.				
	Hazard Classification: <input type="text"/>		Is a BFP Device Installed? (If No, please provide a recommendation for the type of device required, along with the make and model.) <input type="radio"/> Yes <input type="radio"/> No			Is There A Branch Connection, Hose Connection, Or Split Between The Water Meter & The BFP Device? <input type="radio"/> Yes <input type="radio"/> No			Is the BFP Device Installed After The Water Meter? <input type="radio"/> Yes <input type="radio"/> No		Physical Condition of the BFP Device: <input type="radio"/> Good <input type="radio"/> Leaking <input type="radio"/> Damaged		
	(Fire System's Only) Is There Foam or Chemical Addition? <input type="radio"/> Yes <input type="radio"/> No		Type of BFP Device: <input type="text"/>	Manufacturer: <input type="text"/>	Model: <input type="text"/>	Serial #: <input type="text"/>	BFP Device Size: <input type="text"/>	Orientation of the BFP Device: <input type="radio"/> Horizontal <input type="radio"/> Vertical					
	Is There a Detector Check Valve? <input type="radio"/> Yes <input type="radio"/> No		Does the location where the BFP Device is installed have adequate drainage? <input type="radio"/> Yes <input type="radio"/> No		If Applicable, Please provide a recommended date for the installation of the device (YYYY/MM/DD): <input type="text"/>				Is there a BFP device installed in parallel? If yes, please provide the details of the BFP below. <input type="radio"/> Yes <input type="radio"/> No				
	Is there a Bypass for the meter? <input type="radio"/> Yes <input type="radio"/> No		Is there a Water System Drain at the Meter? <input type="radio"/> Yes <input type="radio"/> No		Remarks: <input type="text"/>								
Service Connection 4 BFP2	Type of BFP Device: <input type="text"/>	Manufacturer: <input type="text"/>	Model: <input type="text"/>	Serial #: <input type="text"/>	BFP Device Size: <input type="text"/>	Remarks: <input type="text"/>							
Is there any other source of water, such as a private well, at this location? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		If yes, is it protected by a BFP Device? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Type of BFP Device: <input type="text"/>	Manufacturer: <input type="text"/>	Model: <input type="text"/>	Serial #: <input type="text"/>	Device Size: <input type="text"/>					
All Backflow Preventers shall be selected as per the Standard CSA B64.10-01. Any current installations that do not comply with this standard shall be replaced at the owner's expense.													
Certification:													
Survey Undertaken By (Surveyor's Name): <input type="text"/>				OWWA #: <input type="text"/>		Surveyor Phone #: <input type="text"/>		Postal Code: <input type="text"/>					
Surveyor Company Name: <input type="text"/>						Company Address: <input type="text"/>							



We hereby certify that the information provided above (Backflow Prevention Survey) is true and correct to our knowledge. We further understand that falsification of this information could result in fines and charges under Municipal Code Chapter § 851.

Surveyor's Signature:	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	Date (yyyy/mm/dd)	Owner's Signature:	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	Date (yyyy/mm/dd)
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The personal information on this form is collected under the authority of the City of Toronto Act, 2006, s. 136(c), By-law 1163-2007, and Chapter 851 of the Toronto Municipal Code. The information is used to ensure backflow prevention from a private water system into the City of Toronto's waterworks. Questions about this collection can be directed to Manager, Environmental Monitoring and Protection, Toronto Water, 30 Dee Ave., Toronto, Ontario, M9N 1S9, by telephone at 416-394-8888, or by e-mail at backflow@toronto.ca